

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s):	Paul A. Worsowicz; Lisa K. Shapiro, Ph.D.; Ari B. Pollack			
II. Name of Lobbyist's partr	nership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & 214 North Main Street, Con			
603-228-1181	603-226-3477	worsowicz@gcglaw.com		
(Telephone)	(Fax)	(Email)		
	(Choose one – file separate reports for ons which are not attributable to any o	each client, OR you may file a separate report for one client.)		
All reportable transacti	ions occurring in the month prior to the r	reporting date relative to the following client.		
	DEMOULAS SUPER MA			
(Ful	Il Name of Client as it appears on the Lo	bbyist Registration Form)		
All reportable transaction unrelated to any particular		ist's family), or the lobbying firm listed below which are		
IV. Date of Report:	April 26, 2017 🗵	July 26, 2017 □		
•	rom date of registration to 3/31/17	activity from 4/1/17 to 6/30/17		
•	•			
	October 25, 2017 🔲	January 24, 2018 □		
activity	from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17		
V. There have been no fees r If this box is checked, complet Concord, NH 03301.	received and no reportable transaction te just this form and submit it to the Secre	s made since the last report. etary of State's Office, State House, Room 204,		
VI. Check if additional repo	orts are attached: ees or made expenditures, you must file a	Addendum A – Fees and Expenses		
If you have paid an ho Expense Reimburseme	ent	nust file Addendum B – Report of Honorariums or ns, you must file Addendum C – Political Contributions		
Sworn Statement/Affirmation I have read RSA 15, RSA 15-1 to the best of my knowledge a	B and RSA 664 and hereby swear or affi-	rm that the foregoing information is true and complete		
(Signature of Lobbyist)	revuez	<u>4-20-77</u> (Date)		
Paul A. Worsowicz				
(Print Name of lobbyist)				
		0CN/ED		

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NEW HAMPSHIRE DEPARTMENT OF STATE T

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STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paul A. Worsowicz; Lisa K. Shapiro, Ph.D.; Ari	B. Pollack	
II. Name of lobbyist's partnership, firm or corporation, if any:		
GALLAGHER, CALLAHAN & GARTREL	LL. P.C.	
(Name of partnership, firm or corporatio		
III. Name of Client DEMOULAS SUPER MARKETS, INC.	Date April 26,	2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above th lobbying, including fees for services such as public advocacy, government relatincluding research, monitoring legislation, and related legal work. The gross fe by any expenses:	ions, or public relation	ons services,
a) Total of all fees received in this reporting period	a) \$	0.00
b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)	b) \$ 	0.00
c) Total of all fees received to date. (Add lines a and b)	c) \$ 	0.00
d) Indicate the amount of any such fees that are due, but have not yet been paid.	d) \$	3,500.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each clic lobbyist(s)/firm that are unrelated to any one client a separate report may be fiare to be reported in one of three categories of expenses: (a) the aggregate reporting period for salaries, benefits, support staff, and office expenses; (bexpenses where the expenditure was of \$25.00 or less (for example: meals put the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 the purchase of a ceremonial object given to a person being lobbied with a value of statement of each individual expenditure made during this reporting period of a covered by (a) (for example: purchase of a meal with value of greater than \$25 given to the subject of lobbying with a value greater than \$25, but not great legislative reception). Expenses for honorariums, expense reimbursement, or on separate addendums and should not be reported on Addendum A.	ent and if expendituriled for the lobbyist(e total of all expens) the aggregate total rchased during a bust is given to the per of \$25.00 or less); agreater than \$25.00 for purchase of a cerer than \$50, restaurated for the per than \$50, restaur	es are made by the (s)/firm. Expenses es paid during the l of all individual siness lunch where son being lobbied, and (c) an itemized for any purpose not monial object to be ant expenses for a
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported in a content of the co	a) \$ b) \$	2,875.00
in a), of \$25 or less.	c) \$	
e) Total of all itemized expenditures reported in detail in section VI.		150.00

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: DEMOULAS SUPER MARKETS, INC.			
d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	3,025.00	
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	0.00	
f) Total of all expenses year to date.	f) \$	3,025.00	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees duperiod, including by whom paid or to whom charged.	ıring t	his reporting	
Paid to: State of NH	¢	Amount 150.00	
State of NH	\$ _ -	100.00	
	·		
	\$ _		
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the fore is true and complete to the best of my knowledge and belief.		g information	
7 1011			
(Signature of lobbyist) (Signature of lobbyist) (I		Oate)	
Paul A. Worsowicz (Print Name of Lobbyist)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Lisa K. Shapiro, Ph.D. (Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:					
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.					
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Demoulas Super Markets, Inc.					
Date of Report (check o	ne):				
April 26, 2017 🔀	July 26, 2017 □	October 25, 2017 □	January 24, 2018 □		
I have read RSA 15, RS following Addendums s submitted):	A 15-B, RSA 664, the Submitted with that State	Statement of Income and Exement (insert the number of	openses described above, and the Addendum forms being		
1 Addendum A(s).					
0 Addendum B(s).					
0 Addendum C(s).					
I hereby swear or affirm complete to the best of i			nd each Addendum is true and		
Ales			4-24-17		
(Signature of Lobbyist)			(Date)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Aff Statement of Income	•		
Name of Lobbying par	tnership, firm or corpora	tion: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.
-	blank if Statement is for Demoulas Super Marke		rporation and not related to any
Date of Report (check	one):		
April 26, 2017 🔀	July 26, 2017 🗆	October 25, 2017 🗆	January 24, 2018 □
		Statement of Income and Exement (insert the number of	xpenses described above, and the Addendum forms being
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
-	m that the foregoing info my knowledge and belic		nd each Addendum is true and
OBV			4 20(17 (Date)
(Signature of Lobbyis	1)		(Date)
Ari B. Pollack			
(Print Name of lobby	ist)		